



Little Rock Parks & Recreation Volunteer Application

Date: _____

Please Print or Type

Name: _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Home Phone: _____

Work Phone: _____ Emergency Contact: _____ Phone: _____

Where did you learn about our volunteer opportunities? _____

Are you seeking to volunteer in order to satisfy court-ordered community service? _____

Are you volunteering for high school or higher learning credit? Yes _____ No _____

If yes, please list what school and the name and phone number of your instructor. _____

Skills and Experiences

What sort of hobbies, interests and activities do you enjoy? _____

Do you have any past or present volunteer experience? _____

Interest Inventory

This section will help you determine what volunteer activities you might like to participate in. Please check the area(s) that interests you. Check as many or as few as you like.

_____ Assisting with Special Events

_____ Historical Tour Guide

_____ Environmental Clean Up

_____ Sports Coach/Assistant – Which sport? _____

_____ Senior Programs – Which type? _____

_____ Assisting with office and clerical work?

_____ Arts and crafts Activity Assistant/Instructor List Activity _____

_____ Environmental Area – Please list specific activity. _____

_____ Planning Area – Please list specific activity. _____

_____ Administration Division – Please list specific activity. _____

_____ Park Ranger _____

_____ Activity not listed above that I am interested in. _____

Are there any access concerns or limitations that might limit your ability to perform certain types of work? _____

Geographic Location

	North	Central	East	South	West
Specific Location					
Other					

Time Commitment

____ 1 – 3 Months
____ 4 – 6 Months
____ 7 – 9 Months
____ 10 – 12 Months
____ Year or longer

Time Available

Weekdays ____ Mornings
____ Afternoons
____ Evenings
Weekends ____ Mornings
____ Afternoons
____ Evenings

Starting Date: _____ Ending Date (if known)

Reference

Current Employer (optional)

Address: _____

Please list the names and phone numbers of two people who know you well and can attest to your character, skill, and dependability. (Please do not list relatives.)

Name _____ Phone _____

Name _____ Phone _____

Understanding and Authorization

I certify that all the answers on the application and any attachment are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I agree that in the course of considering my application, you may inquire to verify information concerning my background. I specifically authorize you to investigate all statements on this application or any attachment. I authorized educational institutions, employers, and references listed above to give you any and all information concerning my education, employment, and fitness to work within the community. I further agree to release and hold harmless the City of Little Rock, Little Rock Parks and Recreation, institutions, and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Please send original form to: Norm Berner, 500 West Markham, Room 108, Little Rock, AR 72201

For Office Use Only

Name: _____

Personal References Checked – No. 1 _____ No 2

Background Check Completed: _____
Date _____

Volunteer Accepted/Denied – Notified

Orientation & Training Scheduled – Date/Time

Volunteer Position and location

Project Supervisor & Phone Number
